

Effective November 10, 1998

Application or Docket Number

09/408729

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
BASIC FEE										380.00	OR		760.00	
TOTAL CLAIMS			9	9 minus 20:		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS						* 2			X39=	98.va	OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2								i	TOTAL	458,0	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY			OTHER SMALL I		
AMENDMENT A		REMA AF	IMS INING FER DMENT	:	PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*/8	1	Minus	**	20	=		X\$ 9=	_	OR	X\$18=		
AME	Independent FIRST PRESE	* /	NOE MI	Minus	**	* 5	=)		ZX39=	18100	OR	X78=		
	FINOT PRESE	INTAITO	N OF MC	JLI IPLE DEI	EINL	DENT CLAIM		۱ [+130=		OR	+260=		
									TOTAL		ÓR	TOTAL ADDIT FEE		
	(Column 1) (Column 2) (Column 3)								78.00px					
AMENDMENT B		REMA	IIMS IINING FER OMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	į	
	Independent	*	N OF M	Minus MULTIPLE DEP		*	=		X39=		OR	X78=	-	
	FINOT FRESE	INTATIO	N OF WIC	LIPLE DE	EINL	DENT CLAIM			+130=	_	OR	+260=		
									TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Colu				Column 2)	(Column 3)	ı						
AMENDMENT C		CLA REMA AFT AMEND	INING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON I	Total	*	-	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*		Minus	Ankri		=		X39=		OR	X78=		
	FIRST PRESE	NTATIO	N OF ML	ILTIPLE DEF	PEN	DENT CLAIM		 -	+130=		OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												TOTAL		
***	f the "Highest Nui f the "Highest Nui The "Highest Num	mber Prev	iously Pa	id For" IN THI	S SP	ACE is less tha	n 3, enter "3."	^	DDIT. FEE	oropriate box	•	ADDIT. FEE I umn 1.		